

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/593989

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		1		1		
12		1		1		
13			1			
14			1			
15			1			
16			1			
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49						
50						
TOTAL IND.	2	↓	2	↓	0	↓
TOTAL DEP.	13	←	14	←	0	←
TOTAL CLAIMS	15		16		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	